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Bib Data Sheet

CONFIRMATION NO. 9513

SERIAL NUMBER 10/719,272	FILING DATE 11/21/2003 RULE	CLASS 361	GROUP ART UNIT 2835	ATTORNEY DOCKET NO. DC-05631
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature Initials	TX	5	20	3

ADDRESS

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TITLE

Information handling system expandable blank card insert system and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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Other _____
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